1020150032

FE5AN018

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SEGRETAR PROFITHE SENATE

Office Use Only

1. NAME OF COMMITTEE (in full) Blumenthal for Connecticut ADDRESS (number and street) Check if different than previously reported. (ACC) Stamford CITY A STATE A ZIP CODE A STATE ▼ DISTF CO0492991 3. IS THIS REPORT (Choose One)
ADDRESS (number and street) Check if different than previously reported. (ACC) Stamford CITY STATE STATE STATE STATE DISTER STATE DISTER OF REPORT (Choose One)
ADDRESS (number and street) Check if different than previously reported. (ACC) Stamford CITY A STATE A STATE V DISTRIPTION NUMBER TYPE OF REPORT (Choose One)
ADDRESS (number and street) Check if different than previously reported. (ACC) Stamford CITY A STATE A STATE V DISTRIPTION NUMBER CO0492991 3. IS THIS REPORT (Choose One)
Check if different than previously reported. (ACC) Stamford CITY ▲ STATE ▲ STATE ▼ DISTRIPTION NUMBER CO0492991 3. ISTHIS REPORT (N) OR AMENDED (A) CT 000 CT 000
Check if different than previously reported. (ACC) Stamford CT 06901 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTF C00492991 3. IS THIS REPORT X (N) OR AMENDED (A) CT 00 4. TYPE OF REPORT (Choose One)
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTE ■ CO0492991 3. IS THIS REPORT X (N) OR AMENDED (A) CT 00
3. IS THIS REPORT X (N) OR AMENDED (CT 000492991 4. TYPE OF REPORT (Choose One)
C00492991 3. IS THIS REPORT X NEW OR AMENDED (A) CT 000 4. TYPE OF REPORT (Choose One)
4. TYPE OF REPORT (Choose One)
· · · · · · · · · · · · · · · · · · ·
(a) Quarterly Reports: (b) 12-Day PRE-Election Report for the:
X April 15 Quarterly Report (Q1) Primary (12P) General (12G) Runoff (12
Convention (12C) Special (12S) July 15 Quarterly Report (Q2)
in the
January 31 Year-End Report (YE) (c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30
Termination Report (TER) Flection on State of
[Termination Report (TER) Election on
5. Covering Period 0 1 0 1 2 0 1 1 through 0 3 3 1 2 0 1 1
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Judith Zamore
Signature of Treasurer Electronically Filed by Worth Zamore Date 04 15 2011
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.
Office Use Only (Revised 02/2003)